

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-001615

STATE FILE NUMBER

AMENDED

Registration District No. 149
FILED FEB 15 1962

Primary Registration District No. 1002 Registrar's No. 607

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 Yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5233 Cleveland		d. STREET ADDRESS (If outside, give location) 5233 Cleveland	
3. NAME OF DECEASED (Type or print) EDITH DICKOVER		4. DATE OF DEATH January 31 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1903 58 Yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Department		10b. KIND OF BUSINESS OR INDUSTRY Macy's	
11. BIRTHPLACE (City and state or country) Tekamah, Nebraska		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John A. Marsh		13b. MOTHER'S MAIDEN NAME Matilda Hopper	
14. NAME OF HUSBAND OR WIFE Howard P. Dickover		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanitation		INTERVAL BETWEEN ONSET AND DEATH 2 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic, Cancer, widespread 5 yrs		DUE TO (c) Cancer of the breast, bilaterally 7 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Feb 1961 to present and last saw her alive on Nov. 15 1961 Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 1-31-62	
22a. SIGNATURE (Degree or title) Charles S. Cooper M.D.		22b. ADDRESS 618 Persimmon Bldg	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-62	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 2-2-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald J. Brown

Licensed Embalmer No. 5157

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.